

Mary Agnes Albert

Town

County

MARYLAND

Died at

Data 1902 May 6 Age 16 11 12 Native of Md. Occupation Housewife
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living none

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicida, Homicida

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ellen L. Beall

Town

County

Died at

MARYLAND

Date 19

02

May 19.

Age

68.

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband
of

Wife

Father's

Name

Daniel Price

Mother's

Maiden Name

Sarah Howard

Cause of

Primary

Gastric Fever

How long sick

21 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

B. H. Walling M.D.

Address

Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.




Name in Full *Hannah Bowie*

Certificate of Death

Died at *Goshen* Town *Montgomery* County MARYLAND
Data 19*02* Month *May* Day *4* Age *78* Y. M. D. Native of *Maryland* Occupation *—*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
Female Colored Single ~~Widower~~ Number of children living *3*

Husband of *Henry Bowie*
Wife
Father's Name *Nicholas Tyler* Mother's Maiden Name *Mary Toogood*

Cause of Death { Primary *Pneumonia* 93 How long sick *4 days*
Immediate *Pneumonia* Accident, Suicide, Homicide

Reported by *W H By son*
Address *Laytonsville*  *Montgomery Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Artelia Campbell

Certificate of Death

Died at

Date

Husband

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

Griston

County

Montgomery

MARYLAND

Month

Day

Y

M.

D.

Native of

Occupation

Date

1902

May

3

Age

4

Ind

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

of

—

Mother's
Name

Annie Campbell

Primary

Acute Meningitis

Immediate

Convulsions

W. H. Dyson

How long sick

3 days

Accident, Suicide, Homicide

Laytonville

Montgomery Co



Name in Full

George Coleman

Certificate of Death

Great Falls Montgomery

Drowned

Died at

MARYLAND

Date 1902

May 8th

Age

24

Native of

Virginia Collector

Occupation

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Father's

Name

Mr - Coleman

Mother's

Maiden Name

Olivia Jackson

Cause of

Primary

Drowned by accident

How long sick

Death

Immediate

Strangulation

17

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

W. T. Redden, J. P.

Address

Croftley Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Coleman

Town

County

Died at

Mar Martinsburg

Moody County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

172

May 18

Age

6

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wesley Coleman

Mother's

Maiden Name

Laura Arthur

Cause of

Primary

How long sick

3 days

Death

Immediate

Convulsions

71

Accident, Suicide, Homicide

Reported by

Wesley Coleman

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Davis

Town

County

Died at

MARYLAND

Date 19

or

Month

Day

Y.

M.

D.

Native of

Occupation

May 22

Age

54

Married

Widow

Divorced

Laborer

Male

White

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Susan Smith

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Seven months

Death

Immediate

Hemorrhage.

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



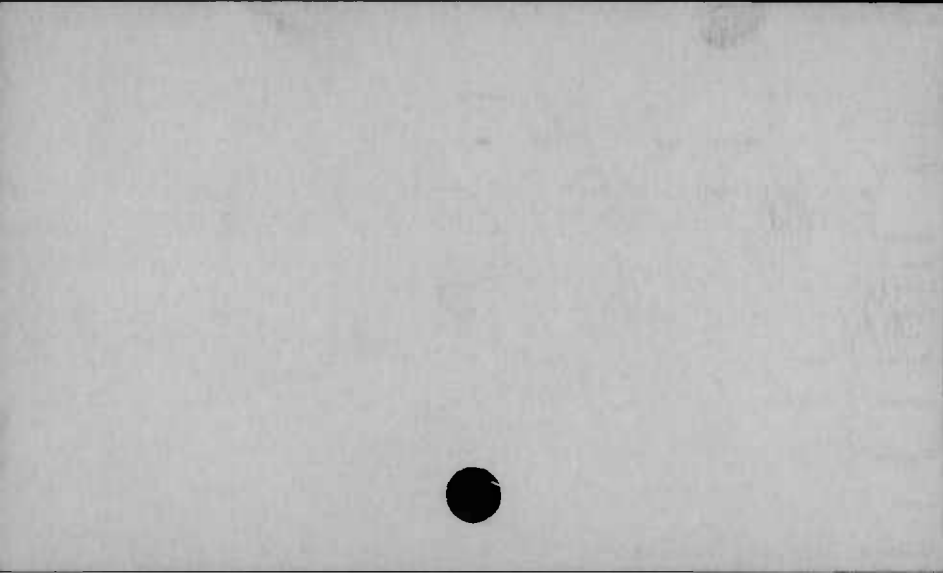
Name in Full

Certificate of Death

Town Wilmington County Montgomery MARYLAND
 Died at First Glen
 Date 1912 May 22 Month May Day 22 Y - M - D - Native of - Occupation -
 Male - Female - ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living
 Husband of - Wife of -
 Father's Name Chas. D. Dwyer Mother's Name Mary Smallwood
 Cause of Death { Primary stee born Immediate - How long sick -
 { - ~~Accident~~ ~~Suicide~~ ~~Homicide~~
 Reported by W. L. Lewis M D
 Address Thurmont

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Hodge.

Died at		Town <i>Olney</i>		County <i>Montgomery</i>		MARYLAND	
Date		Month	Day	Y.	M.	D.	Native of
<i>1902 May 24</i>							<i>Md.</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living	
Husband of							
Wife							
Father's Name				Mother's Name			
<i>John W. Hodge</i>				<i>Isabella Hood</i>			
Cause of	Primary	<i>Tramuntium</i>					How long sick
	Death	Immediate	<i>Asbestos</i>				
Accident, Suicide, Homicide							
Reported by <i>Chas. Farguebar, M.D.</i>							
Address <i>Olney Montg. Co. Md.</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Minnie Holland

Certificate of Death

Town

Ashton

County

Montgomery

MARYLAND

Died at

Date 1902 May 30 Age 31

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Occupation ~~Montgomery Cook~~

Female Colored Single ~~Widow~~ Number of children living One

Husband

Wife

Father's

Name

of Stephen Clark.

Mother's
Name

Mary Holland.

Cause of

Primary

How long sick

24 hours

Death

Immediate

Cramp cholera & Heart failure

Accident, Suicide, Homicide

Reported by

C. E. Ddungs M.D.

Address

Sandy Spring

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706



Name in Full

Certificate of Death

Elgar Johnson

Town

County

Died at

Norbeck Montgomery Co.,

MARYLAND

Date

1922 May 15

Age

17

Native of

Md

Occupation

—

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Joseph Johnson

Mother's

Name

Emma Johnson

Cause of

Primary

Pulmonary Tuberculosis

How long sick

2 yrs (?)

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

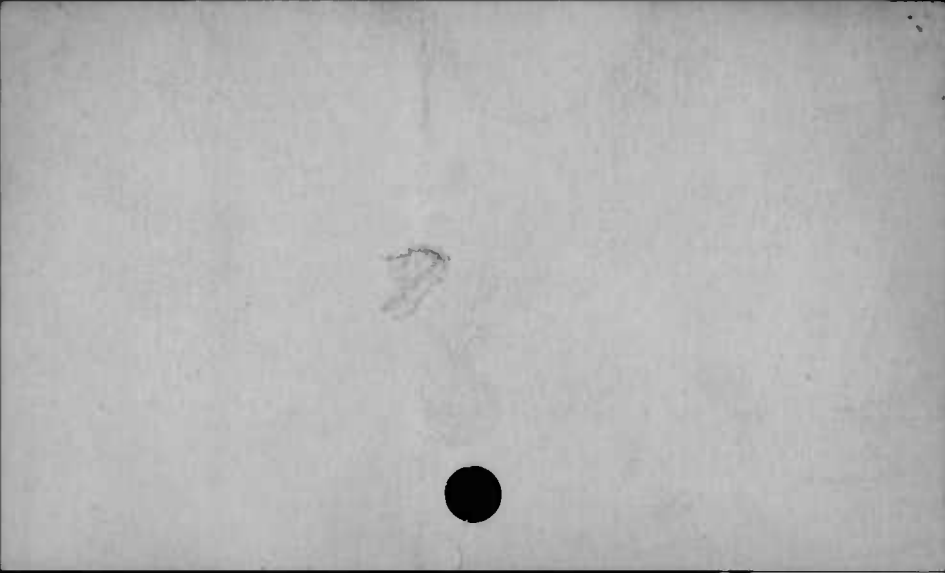
H. R. Andrews, M.D.

Address

Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 25968



Name in Full

Certificate of Death

Sophia A. Milshead

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

May 22

Age

Y.

M.

D.

Native of

Occupation

78

Ind

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

5

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Joseph Milstead

Cause of

Primary

General Debility

Immediate

Heart Failure

Death

How long sick

7 days

Accident, Suicide, Homicide

Reported by

J. R. Barton

Address

Spencerville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Thos. Tupper

Died at *near Potomac* ^{Town} *Monroe* ^{County} *Maryland* ^{MARYLAND}

Date 19 *02* *5-28* ^{Month Day} Age *76* ^{Y. M. D.} *md* ^{Native of} *md* ^{Occupation}

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living *2*

Female ☒ Colored ☒ Single ☒ Widower ☒

Husband of *X*

Wife *X*

Father's Name *X* *154* ^{Mother's} *X* ^{Maiden Name}

Cause of Death { Primary *Drumhead delirium* Immediate *2 or 3 yrs* How long sick *2 or 3 yrs* Accident, Suicide, Homicide

Reported by *W. R. Pumpchany undertaker*

Address *River view md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Johnna Magdeline Nicholson

Town *Lay Hill* County *Montgomery* MARYLAND

Month *May* Day *26* Y. *1* M. *7* D. *27* Native of *Md* Occupation *—*

Age *1-7-27* Male *—* White *—* Married *—* Widowed *—* Divorced *—* Number of children living *—*

Husband *—* of *—* Wife *—* Father's Name *Mr. Nicholson* Mother's Name *March Parker Nicholson*

Cause of Death { Primary *Enteric Catarrh* Immediate *Meningitis* How long sick *105 days*

Reported by *Cecilia Jones M.D.* Address *Kelsumpton Md.*

Accident, Suicide, Homicide *—*



Name in Full

Certificate of Death

Unnamed infant

Died at ^{Town} Takoma Park ^{County} Montgomery MARYLAND

Date 1902 May 27 Age Y. 1 M. 1 D. 5 Native of Ind Occupation

Male ~~Female~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Wm. A. Parker Mother's Maiden Name Rosa Parker

Cause of Death { Primary Immediate Convulsion from birth

How long sick from birth

Accident, Suicide, Homicide

Reported by Alfred V. Tausone

Address Takoma Park

Montgomery
Registrars

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Month

Day

Age

Y

M.

D.

Native of

Occupation

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~suicide~~, ~~homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Lennis Redman

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

May 27

Age

70

Md.

Peddler

Male

White

Married

~~Single~~~~Widower~~

Number of children living

2

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

Apoplexy

Cerebral Hemorrhage

How long sick

2 1/4 hrs

Accident, Suicide, Homicide

Reported by

J. T. Brown M.D.

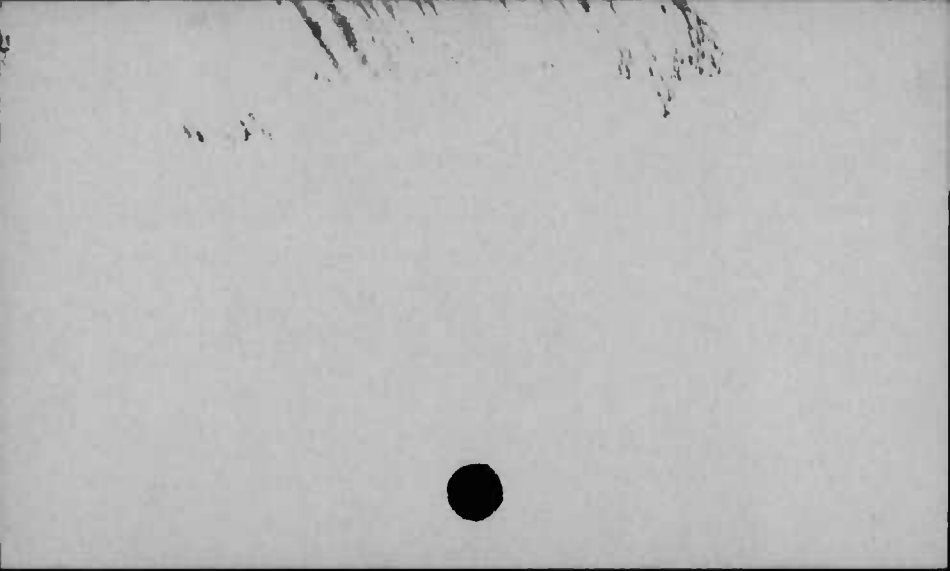
Address

Burns Mills

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 189

Month Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Lyle Ann Rickerts

Town

County

MARYLAND

Died at

*Glen**Monrovia*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*02**5-2*

Age

*77-8**Ind**—*~~Male~~

White

Married

Widow

Divorced

~~X~~

Female

~~Colored~~~~Single~~

Widower

~~X~~

Number of children living

5

Husband

of

~~Wife~~*Wm. J. Rickerts*

Father's

Mother's

Name

Allen Selby

Maiden Name

~~X~~

Cause of

Primary

General debility

How long sick

4 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

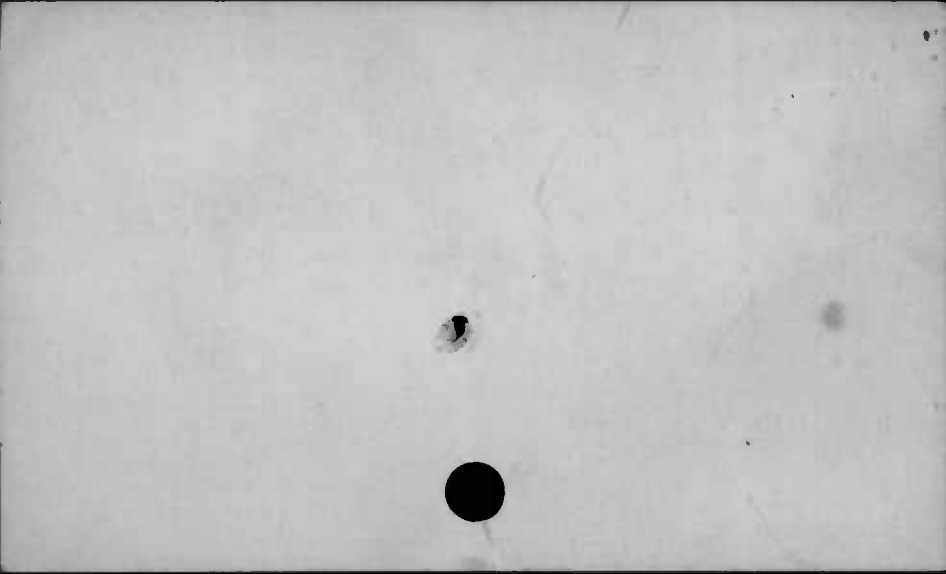
Reported by

O. M. Lintner and

Address

Rockville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles Sullivan

Died at ^{Town} Pootersville ^{County} Montgomery MARYLAND

Date 1902 May 5 - Age 54 Native of Md Occupation Farmer

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Lucy Vurno

Wife

Father's Name Wm O. Sullivan Mother's Name Anne Pool

Name Maiden Name

Cause of Death Primary Immediate Liver

How long sick 114 2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sidney Olevia Snowden

Died at ^{Town} Mt. Zion ^{County} Montg. MARYLAND

Date 189 1902 Month May Day 7th Age 18 Y. 7 M. 4 D. 4 Native of Montg Co. Occupation House Girl

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower ~~Number of children living~~

Husband of _____
 Wife _____
 Father's Name Jos. Wesley Snowden Mother's Name Adeline Virginia Snowden

Cause of { Primary Pulmonary Tuberculosis How long sick 11 months
 Death { Immediate Hemorrhage Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr. W. L. Green
 Address Brookville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town		County		State	
Died at		near		near		MARYLAND	
Date		Month	Day	Y.	M.	D.	Native of
1902 May 30							Med.
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of						Number of children living	
Wife							
Father's Name		Geo. Thonbort		Mother's Name		Bessie Bell	
Cause of		Primary		Premature		How long sick	
Death		Immediate		Asthenia		151	
Reported by		W. B. Chickester Jr. for Geo. Thonbort				Accident, Suicide, Homicide	
Address		Chesley		Montg. Co. Md.			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ada Spiedum Tolson

Town

County

Forest Glen

Montgomery

MARYLAND

Died at

1902

Month

Day

Y

M.

D.

Native of

Occupation

Date

5-23

Age 52.3.23

D.C.

Housewife

~~Male~~

White

Married

~~Widow~~~~Single~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living ✓

Married

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Chronic Brights

How long sick

2 days

Death

Immediate

Valvular Disease of Heart

Accident, Suicide, Homicide

Reported by

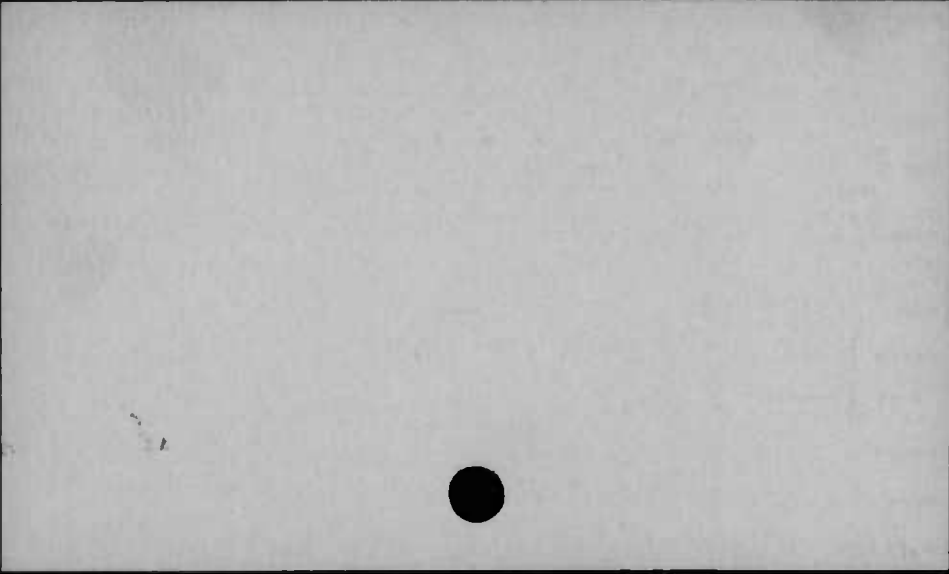
W. L. Lewis M.D.

Address

Kensington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



~~LIBRARY BUREAU, 79706~~

